

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City *St. Louis*

Registration District No.....

Primary Registration District No.....

FEB 8 1937

791

1003

3796

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No. *6708 Idaho* St., *1* Ward, *1*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 16, 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

72

2

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

262

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

13. NAME

William Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

15. MAIDEN NAME

Mary Groves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

James Kennedy 6708 Idaho

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Mt. Olive* DATE *1-21 1937*

19. UNDERTAKER (ADDRESS)

Southern Ind. Co. 6322 S. Grand

20. FILED

JAN 19 1937

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1-18 1937

22. I HEREBY CERTIFY, That I attended deceased from *1-5 1937* to *1-18 1937*

I last saw her alive on *1-18 1937*. Death is said

to have occurred on the date stated above, at *2 p.m.*

The principal cause of death and related causes of importance were as follows:

Mitral Lesion of Heart Date of onset *3 yrs*

Other contributory causes of importance:

Hypertension Chr. Interstitial Nephritis yrs

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?.....

Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *George Becker*, M. D.

(Address) *6708 Idaho*

100
250
100